OCFS-4599 (Rev. 3/2012)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

REPORT OF LEGAL BLINDNESS / REQUEST FOR INFORMATION

NYS COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED

Please complete this information in full in order to avoid delay in registration of the patient and/or receipt of information requested.

PART A

REPORT OF LEGAL BLINDNESS: (Complete this part to report legal blindness)

PATIENT INFORMATION

NAME (Last):	(First):	MI	Sex	Birth Date:	Social Security Number:
COMPETELLO	SUSAN	J	F	[redacted]	[redacted]

STREET ADDRESS:	TELEPHONE NO:
205 AVENUE A, APT. 2E	(347) 621-6736

CITY:	STATE:	ZIP CODE:	COUNTY OR NYC BOROUGH:
NEW YORK	NY	10009	NEW YORK

EXAMINER

PLEASE CHECK THE APPROPRIATE CONDITION AND CAUSE: (Optometrist not required to indicate cause)

CONDITION	CAUSE
1. ☐ Blindness, both eyes, no light perception	1. ☐ Cataracts
2. ☒ Blindness, better eye, with best correction not more than 20/200	2. ☐ Glaucoma
3. ☐ Blindness, better eye, with visual field limitation less than 20 degrees	3. ☒ All other diseases: RETINITIS PIGMENTOSA
4. ☐ Patient was registered as blind, is now **not blind**. *(Please check cause # 7)*	4. ☐ Congenital condition
	5. ☐ Accident, poisoning, exposure, or injury
5. ☐ This person is employed and is expected to become legally blind within the year.	6. ☐ Unspecified cause
	7. ☐ Improved Vision

EXAMINER NAME:	PROFESSION OF EXAMINER:	EXAM DATE:
Dr. Cynthia Hsu, M.D.	☒ Physician ☐ Optometrist	11/20/2023

STREET ADDRESS:			
N.Y. VISION GROUP - 37 MURRAY STREET, LOWER LEVEL, N.Y., N.Y. 10007			
CITY:	STATE:	ZIP CODE:	TELEPHONE NO.:
NEW YORK	N.Y.	10007	(212) 243-2300

EXAMINER SIGNATURE:
X Dr. Cynthia Hsu M.D.

FOR INDIVIDUALS UNDER 18, THE NAME AND ADDRESS OF THE PARENT/GUARDIAN IS REQUIRED:

PARENT/GUARDIAN:	LAST NAME:	FIRST NAME:		
STREET ADDRESS:				
TELEPHONE NO.	( ) -	CITY:	STATE	ZIP CODE:

SUBMITTER (IF DIFFERENT FROM ABOVE)

SUBMITTER'S NAME:	LAST NAME:	FIRST NAME:		
STREET ADDRESS:				
TELEPHONE NO.:	( ) -	CITY:	STATE	ZIP CODE:

PART B

REQUEST FOR INFORMATION: (Complete this section if the individual is seeking information from CBVH)

- ☐ How I can perform household tasks
- ☐ How CBVH can assist me in preparing for a job
- ☐ How CBVH can assist me in keeping my current job
- ☐ How CBVH can assist in providing services to the above named visually impaired child
- ☐ Other services (specify):

Contact Person:	Phone No. ( ) -

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REPORT OF LEGAL BLINDNESS (Part A)
(To be completed by Ophthalmologist, Optometrist or other Physician)

The Eye Report section of this form is to be completed for all persons who meet the following criteria for legal blindness:

- Central Visual Acuity of 20/200 or less in the better eye with the use of a corrective lens **OR**
- A limitation in the visual field, in the better eye, less than 20 degrees.

REQUEST FOR INFORMATION (Part B)
(To be completed by or for a legally blind individual)

In addition to reporting to CBVH that this person is legally blind, we would like you to ask your patient if he/she is experiencing any difficulties performing tasks or activities. If so, please assist or have the patient complete the bottom portion on the front side of this form and advise him or her that it will be forwarded to CBVH. Then, please forward the form to the CBVH office listed below that serves the County/Borough in which this individual resides. Your patient will be contacted about rehabilitation services.

Counties Served	Send To:	Counties Served	Send To:
Allegany	**CBVH Ellicott Square Building 295 Main Street Room 545 Buffalo, New York 14203**	Broome	**CBVH The Atrium, Suite 105 100 South Salina Street Syracuse, New York 13202**
Cattaraugus		Cayuga	
Chautauqua		Chemung	
Erie		Chenango	
Genesee		Cortland	
Livingston		Herkimer	
Monroe		Jefferson	
Niagara		Lewis	
Ontario		Madison	
Orleans		Oneida	
Steuben		Onondaga	
Wayne		Oswego	
Wyoming		Schuyler	
Yates		Seneca	
		St Lawrence *(Children)*	
Albany	**CBVH 40 North Pearl Street 15th Floor Albany, New York 12243**	Tioga	
Clinton		Tompkins	
Columbia			
Delaware		Dutchess	**CBVH 445 Hamilton Avenue Room 503 White Plains, New York 10601**
Essex		Orange	
Franklin		Putnam	
Fulton		Rockland	
Greene		Sullivan	
Hamilton		Ulster	
Montgomery		Westchester	
Otsego			
Rensselaer		Nassau	**CBVH 50 Clinton Street Suite 208 Hempstead, New York 11550**
Saratoga		Suffolk	
Schenectady		Queens *(Central & Eastern)*	
Schoharie			
St. Lawrence *(Adults)*		**Boroughs Served:**	**CBVH 80 Maiden Lane 23rd Floor New York, NY 10038**
Warren		Brooklyn	
Washington		Manhattan *(up to and including 23rd St.)*	
		Staten Island	
		Bronx	**CBVH 163 W. 125th Street Room 209 New York, NY 10027**
		Queens *(Western)*	
		Manhattan *(North of 23rd St.)*	